-11895	STATE OF MARYLAND 1 - STATE REGISTRAR STATE CERTIFICATE OF DEATH
9 7	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 75 HOUR 7:45 A
96 4 70)	MALE WHITE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 24 HRS. MONTH AUG. 22, 1924 61 WAS MIN.
deoth Po	76 BIRTHPLACE LISTATE OF FOREIGN VIRGINIA 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ■ NEVER MARRIED □ P BALTIMORE CITY OR COUNTY OF DEATH WIDOWED □ DIVORCED □ 76 CHARLES MD.
CAP	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) PHYSICIANS MEMORIAL HOSPITAL MACHINE SHOP FOR MFG. CO.
24 ho	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE MD. 136. CHARLES 137. T. #1 BOX 205F 20662
1380	WILLIAM IRBY ANGEL, SR. LAST UNKNOWN MIDDLE LAST
s. Poges	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO QUINKSOWN) INFYES GIVEN A POR DATES) 226-26-0560 SUE M. ANGEL SAME AS #13
has been signed by the atterpression of the permit. Then please remove the prior to buriol, cremation of your injury, or other froum	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF COLL VOTA: How Advance Dept. PART 2 OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 PART 2 OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YES NOW YES NOW YES NOW 210 ACCIDENT WAS UNDERLYING 2115 TIME OF INJURY 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 115EM 18 PART 1 OR PART 2)
s the buriol-transit ond Mental Hygir rked or Item 18 sh	TES NO TYES NO
should be deforted of or use or with the State Dept. of Health	270.1 certify that (1) (this hospital) oftended the deceased from the 2 19 10 10 10 10 10 10 10 10 10 10 10 10 10
P	BURIAL 7-7-86 1VY HILL CEMETERY ALEXANDRIA, VIRGINIA
AH - 16 50M 1/81 (VRA 15, 4)	Arrehart Funeral Home, Inc., La Plata, Md 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO LOUIS MENCHEAN LANGE TO THE STATE OF THE Michael Sage Knew Line No. of the Sale of the Control of the Sale of the Control of the Sale of the Control of the Sale of the COLUMN TO THE PARTY OF THE PART Exemple (213) with the residence as tree coloration hadron lynn I what the think is a safety they say to a few In Abranch ungral Home, Inc., La Mata, M.

RILEY FUNERAL HOME, MUSCATINE, + TWA 52781

DHMH - 16 60M 7/B4 (VRA 15, 4)

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0-14359	11-	FOR STATE REGISTRAR		ME		ŞTA NENT ÖFI XAMIN	HEALTH		ENTAL HY		-	REG. I	2 0	2	1	9
84482		CEASED NAME	Cindy		MIDDLE		Dol	LAST	HE S	20	OF DEATH	KNOWN ESTI-			YEAR	26. HOUR
Y, PLASE WESTON THES THESE STREET	Fe	male	4 RACE	DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UNI		IF UNDER 2			-	MONTH	DAY	1986 YEAR	2d HOUR 6:30
ASSECTION OF THE PROPERTY OF T	70 B1	RTHPLACE (ST		Feb. 22	HAT COUN	27 YE	2		VER MARRIE	DU	BALTIM		OR COUN	ITY OF D		р. м
MAY SA	10 CI	WALDOR	OF DEATH	820 C	SPITAL, NUF ACILITY, GIVE ST OPLES	REET ADDRESS)	, OR OTHE			12a USUA FOR MC	L OCCUP	ATION (T	rype of work	12b KIN		Y Y
S. 21201 JF. ANY B. SETAIL SECOND	130 S	MD.		ROTHER INSTITUTION, C TY RLES	13c CITY	BEFORE ADMISSI OR TOWN DORF		13d. INSIDE (I	NO 🗆	13e STREE	T ADDRE:	SS	SON	20	lac	5/
DEATH ORE, MD. 2 DEATH ORE AGES 1, 27 AGES 1		RICH		MIDDLE	LOCKE	AST IART IAL SECURITY	103	F	ER'S MAIDEN	ROSI					LAST	
BALTIMORE, RS AFIER DEA' GIVE PAGES I'ITH FORMA P PAGES I AND DIVISION OK.	(Y	NO ORUNKNO	F DEATH (Enter onl	WAR OR DATES)	216-	78-97			il M.	Bel	.che	r,Wa	3 Fe	f, Mo	d.20	601
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATHWIF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 27 AND 19 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORMA PM3. RETAIN TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBLA. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECOMMENDAL THE STATE DEPARTMENT OF REALTH WORD STATE DEPARTMENT OF REALTH WORD STATE DEPARTMENT OF REALTH WORD STATE DEPARTMENT OF REALTH OF REMOVAL.		Condition gove ris couse (o) lying cou	ATH WAS CAUSED IMMEDIAT Its, if ony, which the to immediate stating the under- se lost.	DBY: TE CAUSE (o)	Asphyx R as a con R as a con	ia SEQUENCE (OF .							BETW	ween Onset	AND DEATH
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ICAL EXAMINER: THI STHE CERTIFICATE, W SHOULD BE FORWA SATH, WITHER STATH ORE, MARYLAND, 212	7		y that I took charged from: Natur	e of the remains/de	Home scribed obov		Autops)	Homic TITLE (SI		Undeter	Inquiry	Cha	orf, C arles and in my of DATE SIGNE	CO.		
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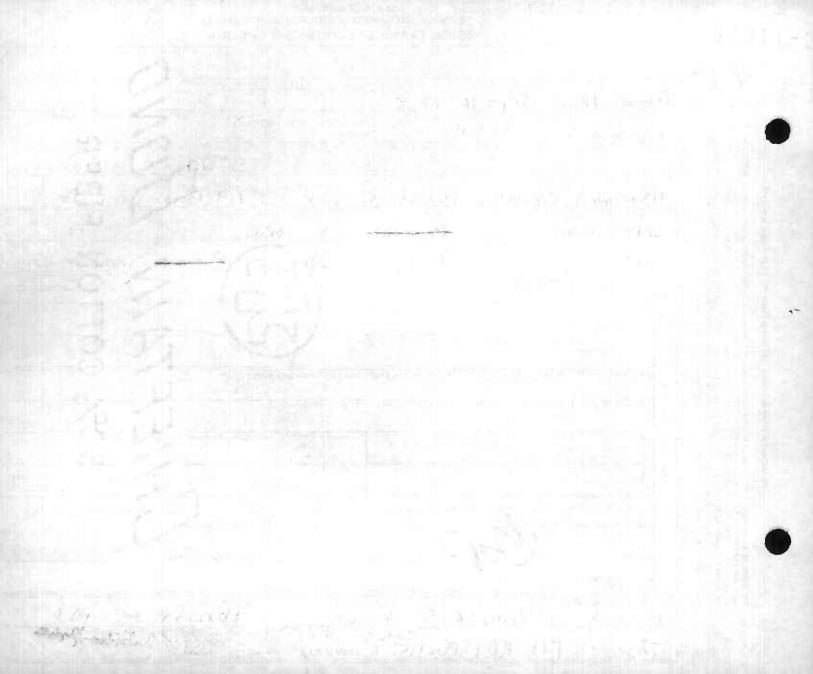
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J -	1 1	002	REGISTRAR 1. DECEASED NAME	FIRST	7712	MIDDLE	WANTINEK .	LAST	TE OF DEA	2a. DATE KNOV	EG. NO.	H DAY	YEAR	2b. HOUR
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		3/950	3. SEX 4. R	ACE IS D	ATE OF BIRTH			unton UNDER TYR. TIF L	JNDER 24 HRS.	2c. DATE	MONT	/ 3/ H DAY	19 86 YEAR	M HOUR
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		AN ZZZO	5 herm	MAI		Bo	HOTO	VICTI	oria				ton	
	MO	N SS PR	160. WAS DECEASED EV {YES_NO, OR UNKNOWN}				L SECURITY NO.	17. INFORMAN		MOLON AD		land.		1
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		JB. OIL	18 CAUSE OF DE	ATH (Enter anly an	e cause per lin	e far (a), (b), a	nd (c).)					AP BETW	PROXIMATE EEN ONSET	INTERVAL AND DEATH
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7	ESTO	A PAC	0/01		DUE TO, OF	R AS A CONSE	QUENCE OF							
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	*	AEN.	cause (a) stat lying cause la	ing the <u>under</u> -	DUE TO, OF	R AS A CONSE	QUENCE OF					1		
	5, 201	ON A SERVICE			(c)									
	RECORDS	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ANEDICAL EXAMINER ALONG'S TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAITIMORE, MÄRTNAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		CANT CONDITIONS CONTR	RIBUTING TO OFATH	BUT NOT RELATEO	TO THE TERMINAL OIS	EASE OR CONDITION GIVI	EN IN PART 1 (a).					134
	2	TEEN TEEN	190. DATE OF OPE 110. EXTERNAL CA 110. EXTERNA	RATION	19b. COND	TION FOR WH	ICH OPERATION	WAS PERFORMED)?				UTOPSY?	
	DIVISION OF VITAL	38 E S S S S S S S S S S S S S S S S S S	THE LEAST									HE	ADDO	ALY.
	OF	AEN BEN A	210. EXTERNAL CA		21b. TIME O	FINJURY	AY YEAR 21c	HOW INJURY OC	CURRED (ENTER I	NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)		
	NO	CERTIFICA ITING THE DED TO THE E 3 SHOULD DEPARTM I PRIOR TO	UNDERLYING CONTRIBUTING	CAUSE OF DEAT	H 11:07	AM 7/	3/19 86 K	assenger	in auto	o/dump t	ruck/a	uto c	ollis	sion
	VISI	PR 3 SF	21d INJURY OCCU	URRED	STREET FAC	OF INJURY (AT HOME, 211.	LOCATION		CITY OR TOWN		COLLUTY		STATE
	ā	WRI WRI AAGE ATE	WHILE NO	WORK X	ro	padway	Rt	. 228 & I	Briarwoo		Waldor	f, Ch	arles	s, Md.
		ATE, DORW		at I taak charge af	the remains de	scribed aba	EAD, ONLY	Tapsy X, Ins	spection .	Inquiry .	and in my	apinian		-
		MER DES	death resulted fro		1 -	Accident Z	the same of the sa	, Hamicide		ermined manner				
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		NEW NEW NORWANDEA	EXAMINER'S NAM	AE	- 0									11111
		A SHEET SHEE	(TYPE OR PRINT)	Gregor	y R. Ka	auffman	M.D.	ADDRESS	111 Pe	enn St.				
		F 02549	230. BURIAL, CREMATION	REMOVAL 23b D	AJE 100	23c. NAA	NE OF CEMETER	OR CREMATORY	23d. LC	OCATION OR TOWN	.\ co	A YTHUC	STA	TE
	07/B4 25M	BP	BUCIAL PUNERAL DIRECTOR	1	110/8	-	-DSE	2h		2 mc	132	14	19	
		DHMH - 17	NAME		O OADDRESS	-	20640	1	DATE REC'D. BY	1988 4	CHEGISTRAR	SIGNA		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			ICATE OF DEATH	YGIENE REG. N	0.		
	CEASED NAME FIRST	MIDDLE	t t	ASI	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOL	JR
(IIIPE	Eliz	abeth G	Car	tlin	July 17,1	986	51	71m
3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UNDER	
/	female	Caucasia	an Aug		80	YRS	DAYS HOURS	MIN.
BI BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C		EATH	
	hio	US	WIDOWE		(1h 1 -	S		MD.
# C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINE	
La	Plata	Physicians		Hosptial	Agricul		US Gov	t.
13a S	AL RESIDENCE (IF NURSING HOME) STATE Maryland	E OR OTHER INSTITUTION GIVE RES	DENCE BEFORE ADMISSION) IY OR TOWN La Plata	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	zip cope	206	46
9	William	MIDDLE	Clerkin	15 MOTHER'S MAIDEN N	IKNOWN MIDDLE		LAST	7
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	1108 AH	Mlin Ro	i.	-
	no		1-01-2861	Rick Wats	on Waldorf	Md.	20601	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI			reen Cola	7 7		APPROXIMATE INTE	
	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
N C	PART 2 OTHER SIGNIFICAN	nt conditions <u>contrib</u>	UTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN	PART lia	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USE CAUSES OF DEA'	TH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. M	ONTH DAY YEAR 19		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	RPART 2)	
WEDI	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	?TE PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	OUNTY S	STATE
13		ospital) attended the deceder on	19 ar		n death accurred on the de	17, 19ate and have and	that (1) (1) from the causes sto	
	22b. SIGNATURE	Dol A	1		MEDICAL STAI	FF	7-18	86
	George Wath			22e ADDRESS	1 00616			
23n P	GEOTEE WATER		231 NAME OF C	La PLata, Mo	1 20646 1 23d LOCATION			
_ (SPECIFY) Upial	7-21-86			CITY OR TOWN	COUR		STATE
24 FL	JNERAL DIRECTOR			y Memorial	Waldorf ATE REC'D. BY REGISTRAR		SIGNATURE	Md
H	UNTT FUNERA	L HOME P	. ADQS BOX	13. 20601 J	UL 21 1986	grilia David	And and property	and to

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event,

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desa neer, or the land of the test of the Dec. 12 20, 1988 79 Tank Shift by , in Plate Park 20 Ja Parist which decider , be Piets, Md. 2060s the state of the state of the second of the second tree for the warming was my little 10 grad J. 1016 FASI/OS ... cred ... t enttery, ... wietet, Charlon, Md.

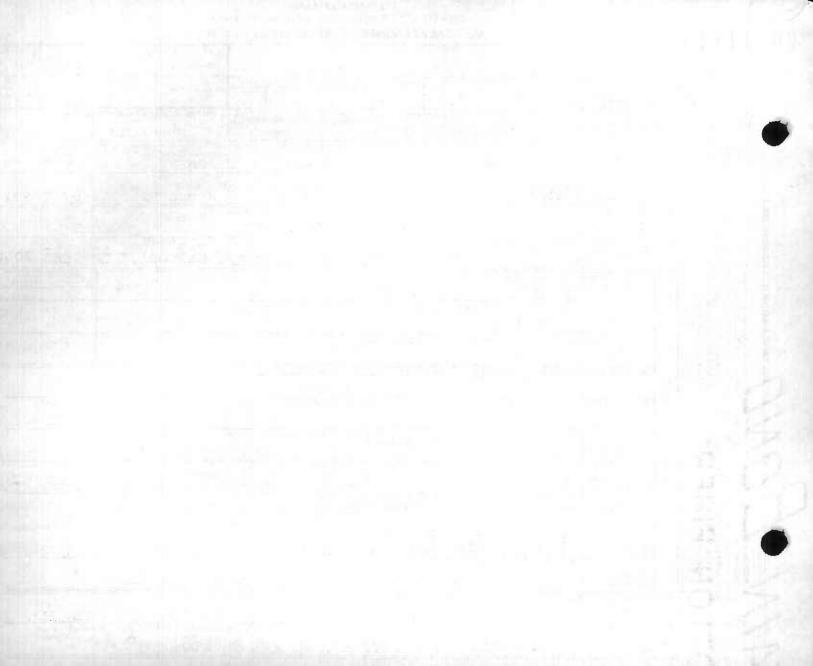
LaPlata. Maryland

(VRA 15, 4)

Arehart F. H. Inc.

Cuarterman W.S. N. L.S. ONG C. LM. Segins Ebn - Vnorth r n r PARTY IS A TAKEN THE PARTY IN THE has lynest as breath troble . street . as a gint to the mista d C the busylend . sasland .on. . in Junaser

4					OR		D			ARYLAND AND MENTAL	HYGUENE	6	2 0	28	3
n	0 -	1171	0		STATE REGISTRAR		MED	ICAL EXAMIN	ER'S	CERTIFICATE	OF DEAT	H R	EG. NO.		
U	U	1111	U	1. DEC	EASED NAME	FIRST		MIDDLE		LAST	20	DATE KNOW	WN MONTH	DAY YEAR	26. HOUR
		₩~~S\\		(TYPE	OR PRINT)	lenda	F	ave	(Curry		OF EST DEATH MAT		39 8	6 4
		PLEASE ECTOR FILES HOURS	/1	3. SEX	4. RACE	5	DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER I YR. IF UNDE		DATE	HTMOM	DAY YEAR	2d. HOUR
		OUR 72 H	8	F	EMALE BLAC		JULY 25	YEAR LAST BIRTHO	RS. MONT	HS DAYS HOURS	MIN. PF	DEAD	7	319 8	6 2:40
		SSAL	X	7a. BII	RTHPLACE (STATE OR	71	b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MAR	RIED 7	BALTIMORE	CITY OR COUN	TY OF DEATH	
		NECESSARY, UNERAL DIR. 5 FOR YOU!	0	A	LABAMA		UNITED	STATES	WIDOV			Charle	es Count	У	MD.
		CE 5	1	10. CI	Y OR TOWN OF DEATH	1	(IF NOT IN SUCH FAC	ITAL, NURSING HOM			FOR MC	IST OF WORKING LI		126. KIND OF B OR INDUS	USINESS TRY
		DELAY 3 TO TH IN PAC SDS	0		LaPlata			ns Memoria		spital(DOA) TE	CACHER	7. 14.10	EDUC	ATION
A	21201	MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE CATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. DR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE FILED, WITHIN 72 HOURS DR. STROUD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE FILED, WITHIN 72 HOURS DR. STROUD PROPERTIES.	5	13n S1	RESIDENCE (IF IN NURSI ATE ARYLAND 13	CHAR		13c. CITY OR TOWN WALDORF	ON)	13d. INSIDE CITY LIMITS? YES X NO			Pine :	Lane/	20601
,	MD.	1. F	5 X	14. FA	THER'S NAME		MIDDLE			15. MOTHER'S MAIL		WIDDLE		LAST	
		DEATH. GES 1, M PM ND 2			CLEOPHAS	1	MIDDLE	HARRIS		MARJOR	IE		C	URRY	
	MO	PAG S 1	T	160. W	AS DECEASED EVER IN	U.S. ARME	D FORCES?	166. SOCIAL SECURIT	YNO.	17. INFORMANT		707 ^{AD}	SevenP Orf, M	ineLan	P
	BALTIMORE	AFTER SIVE PA SIVE PA TH FOR AGES I	11	,,,	NO	105,0170	in One-Miles,	423-72-8	406	AUBREY	CURRY	Wăld	orf, M	aryTan	ই 2060
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	201 V	N AR- NE			lying cause last.			TO A CONSTOURNEE	01						
		EXECUTED ING" IN PRICAL EXAM BURIAL-HAND ME			PART 2 OTHER SIGNIFICANT C	ONOITIONS COI	NTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIVEN IN I	PART L (a).				
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	DIVISION OF VITAL	SSE SE	L	TIF											NO 🗆
	O	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN	1	CE	LINDERLYING TO		216 TIME OF HOUR A.M.	MONTH DAY YEA	R	OW INJURY OCCURE					
	O	ART OF A		MEDICAL	UNDERLYING SOF					river in a	uto/tr	uck/aut	to impac	t	
	VIS	OED DEP		WED	21d INJURY OCCURRE WHILE NOT W AT WORK AT WO	HILE X		FINJURY (AT HOME, DRY, FARM, ETC.)		STREET		CITY OR TOWN		YTAUC	STATE
	Ω	WAR WAR PAGE	5		AT WORK AT WO	RK LX	road		Rt.	. 228 & Br	iarwoo	d Dr, V	Waldorf,	Charle	s, MD.
		CATE, FORV	0		22a. I certify that I to	ook chorge		ribed abave, held an	Autop	sy XX, Inspect	ion ,	Inquiry .	ond in my a	pinion	
		MANN BE F	0		death resulted Iram:	Natural	couses,	Accident X , Si	ncide	, Hamicide	Undeter	mined manner			
		XH9	0		ACTUAL	ala.	in m	- (11-00A		TITLE (SPECIFY)			DATE	7/4/0	
		CAL EXC THE GER SHOULD SATH			SIGNATURE	MULL	the All	EAMILL	<u></u> ^	Assistan	TMEDIC	AL EXAMINER	SIGN	7/4/8	6
		MEDI CCUTE FUNI FR DE	ス		EXAMINER'S NAME (TYPE OR PRINT)	Mai	rgarita A	. Korell,	M.D.	ADDRESS11	l Penn	St. I	Balto.MD).	
		5 A S S S S S S S S S S S S S S S S S S	3	23a. Bi	JRIAL, CREMATION, REA			23c. NAME OF CE	METERY	OR CREMATORY	23d LOC	ATION	cou	YINI	STATE
		BP			BURIAL	7	-7-86	TRINIT	Y ME		WA	LDORF	CHAI	RLES I	MD.
		DHMH - 17			NERAL DIRECTOR	1=1-1	ADDRESS			250. DATI	E REC'D. BY R		LA Dane	SIGNATURE	Company of
		(VR A15 ME (5) 20M 4/B2))	TF	HORNTON FU	JNERA	L HOME	POMONKE	Y, M	D. JI	7r 8	1986	TUROUS VIEW	amon, all	3
		201V 4/ DZ		-											



injury, or ather traumotic event, th

FOR - STATE

	REGISTRAR				CERTIF	ICATE OF DE	AIH	REG. N	10.		
	CEASED NAME	FIR51		MIDDLE	L	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
1000	LOT CHINI	THOA	1AS	M	C	IRRU	1000	617	9/80	10	11274
150			RACE		5. DATE O	F BIRTH	40	6 AGE (IN YEARS LAST BI		F UNDER I YEAR	IF UNDER 24 HRS
L	MALE		W		MONTH	16	33	53	YRS	ONTHS DAYS	HOURS MIN.
	RTHPLACE ISLANDS	romon 7b	CITIZEN OF	WHAT COUNTRY?	8	NEVER M	DDIED [7]	BALTIMORE CITY	OR COUNTY C	OF DEATH	
	follywood	Ma	IIS	1	WIDOWE	4.4	DRCED	Char	les		MC
10 C	ITY OR TOWN OF DE	ATH 11	. NAME OF	OSPITAL, NURSIN	NG HOME C			120 USUAL OCCUPAT			OF BUSINESS OR
200	LaPlata		Physic	HEACHLITY, GIVE STREET	emori	al Hos	pital	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
Ma	AL RESIDENCE (IF NUR STATE Lryland	136 COUNTY Char.	les	136 CITY OR TOW Newbi	/N		10 🗆	130 STREET ADDRESS Rt. 1	ZIP CODE Box 1	17B2	664
1	ATHER'S NAME Melv	in	DLE (Curry		15 MOTHER'S	MAIDEN NAM .gnes	MIDDLE C.	7\ 7	.vev	51
1160	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECL	IRITY NO	17 INFORMAN		ADDR		.vey	
	YES YES OR HAKNOWAI	(IF YES, GIVE W		214-28-				rry	Same	as 13	Зе
	18 CAUSE OF DEAT	H :Enter only	one couse per	line for ioi, (b), on	id ic 1					APPRO)	XIMATE INTERVAL
	PART 1. DE ATH W	VAS CAUSED E	BY:			VIC 5	HOCK				
		MANAGORATE									
	Conditions, if ony	subjeb i	DUE TO, OI	R AS A CONSEQUI	VARE	400	ו מס	DISEASE		1 1	
	gove rise to imi	mediate	(b)		/	711012	1-1	11361134			
	couse (01, status underlying couse		DUE TO, OI	R AS A CONSEOU	ENCE OF					19	
	DARKS CAUSE CO		(c)								
Z	PART 2 OTHER SIGI	NIFICANT COI	NUTTIONS CC	DNIKIBUTING TO	DEATH BUT	NOTRELATED	O THE TERMIN	NAL DISEASE OR COM	IDITION GIVE	V IN PART 1	O
CERTIFICATION	198 DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATION	M MAS DEDECO	MED	20a AUTOPSY?	TONK IE VEC	WERE FIND!	NCC USER
5	198 DATE OF OPERA	IION	178 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	ZVB AUTOPST?			OF DEATH?
E .								YES NO	YES		NO []
	OR CONTRIBUTING		HOUR A.	HINJURY M. MONTH D	AY YEAR	71c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INH	IRY IN ITEM 18 PAR	T I OR PART 2)	
S	(IF EITHER NOTIFY MEDI		P./	м.	19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY EET FACTORY, OFFICE F	ARM FIC)	211 LOCATION	1	CITY OR TO)WN	COUNTY	STATE
2	AT WORK AT WO	HILE		er racioni, office i	ARM, ETC						
	22s.1 certify that (1)	(this hospital)	ottended the	deceosed from_			19	, to		·	that (I) (we) lost
	sow the deceas obove, (1) (we) (ed olive on		19	on	d that in (my) (a	ur) opinion de	eath accurred on the d	ate and hour o	and from the	couses stated
	22b. SKGNIAT HRE	ald (ald hor) v	lew the body	offer deoffi.		DEGREE				22c DATE	SIGNED
	Head	uac	es fills	7		AT	TENDING	MEDICAL STA	FF CLASS C		
1	22d. PHYSICIAN'S N.	AME (TYPE OR PR	(INI)			22e ADDRESS	ITSICIAN E	DIKECTOK PHYSI	LIAN		WALL VI
	J										
730	BURIAL, CREMATION.	PEMOVAL T	23b. DATE	22. 1	JAME OF CE	EMETERY OR CR	EALATORY	123d LOCATION			
	(SPECIFY)							CITY OR TOWN		COUNTY	STATE
24 5	Buria UNERAL DIRECTOR	al l	Aug.	1,1986	Char.	res memo		ardens Lec			
24 1	NAME	1.100		ADDRESS		The state of		REC'D. BY REGISTRAR	ZOD. REGISTRA	AR'S SIGNAT	
	W. Cla	arke M	lattin	gley Le	onar	dtown,	Md. A	15		1 020	- significant

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

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	1.	FOR STATE		DEPARTM		EALTH AND MENTAL HY	SIENE		
LOFEL		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.		
13334		CEASED NAME FIRST	1 1	AIDDLE	L/	NST TEN	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
oy be	[TYPE	OR PRINT)	trudo	14 (1101	MAN	7	24 84	1240
pog r de	3 SE	X .	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY		
offe.		_	Cam	- B	MONTH	DAY YEAR	86	MONTHS DAT	5 HOURS MIN.
oge	12.0	RTHPLACE (STATE OR FOREIGN	Cauc	WHAT COUNTRY?	16	02 99	9 BALTIMORE CITY OR CO	YRS DEATH	
4 92 72	100	RTHPLACE (STATE OR FOREIGN			MARRIE	NEVER MARRIED	BACTIMORE CITT OR CO	JONIT OF DEATH	
de of the other	La	Crosse, Wiscon		S.A.	WIDOWE		CHARLES		MD
章 章 人	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET A		ROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
S of selection of the s	I	A PLATA		IDIAN NUR		CENTER	VOLUNITEER ADMIN		HOSPITAL
hour hour		AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	CODE	
24 B			RLES	LA PLATA		YES X NO	1 MAGNOLIA		20646
hin hin		ATHER'S NAME				15. MOTHER'S MAIDEN NA			
1 20 5		WILLIAM	WIDDLE	HARRISON		GERTRUDE	WIDDLE	UNKNOWN	LAST T
on the state of th	14- \	WAS DECEASED EVER IN U.S. A	DAVED CORCECS	16b SOCIAL SECUR		AT DISCOULANT	ADDRESS		
Pages		YES NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)		-	(DA	UGHTER)		037
S. Poge		NO		565-42-3	823	CHRISTINE RODGE	RS, 1538 WIDOWS MI		
physician popers. P moval.		18 CAUSE OF DEATH (Enter o	nly ane cause pey	line for (a), (b), and	110	10		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
on phy on phy even		PART I. DEATH WAS CAUS	TE CAUSE (0)	July	40	MAN	A	1	(
5 5 6 9			DUE TO, O	RASA CONSEQUE	NCE OF	(0, 1	1	1	11
death offend ove co officin, o	100	Conditions, if any, which	(15)	To the	500	ccd 13-	CNO COTO	0100	100
noti	100	gove rise to immediate) 10)—	1			1		
by th		couse (a), stating the underlying cause last.	DUE TO, O	RASACONSEQUE	NCE OF	(A)	11/11/11		
s the			(c)			0 0 0			
signi signi o bu	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DNIKIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDING	ON GIVEN IN PART	110
y in	CERTIFICATION	190 DATE OF OPERATION	TINE COND	TION FOR WHICH	ODEDATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINI	DINCELISED
low errange on	2	196 DATE OF OPERATION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		CERTIFYING CAUS	
The cion	E E					•	YES NOT	YES	NO 🗌
T H S H		210. ACCIDENT WAS UNDERLYING	LICIUD A		Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2	1
ICIA B plantification of the service	AL	OR CONTRIBUTING CAUSE OF DE	AIR		19	DISTRIBUTE OF THE			
HYS Indiministration of Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE			211. LOCATION	CITY OR TOWN	COUNTY	STATE
ond steed	Z	WHILE NOT WHILE	(AT HOME, STE	EET, FACTORY, OFFICE, FA	ARM, ETC.)	SIKEET	£		31416
Aft of the olith		220.1 certify that (I) (this hose	atal) attended th	e deceased from	5/1	19 &	Cto WIV	19.7	that (II) (we) lost
OR OR		sow the descend allowed obove	7 1	P	Sa on	if that in (my) (our) opinion	death accurred on the date o	nd hour and from t	
AT OSP		22b. SIGNA UR	of) view the bady	after deget		DECREE	•		JE SIGNED
OR DOR Dep		75	D	10	~	ATTENDING	, MEDICAL STAFF		13.112
RAL det		IN	CEL	000		VPHYSICIAN	DIRECTOR PHYSICIAN		541 d
SP P P P P P P P P P P P P P P P P P P		THE PHYSICIAN'S NAME (TYPE	OR PRINT	110	1	22e ADDRESS			1
TO HOSPITATION TO FUNERA Should be divinity the Stolement With the		10/40	1121	Mari) ,	110	W 1. 101	M. Or.	1
S × S × S × S × S × S × S × S × S × S ×	23a.	BURIAL, CREMATION, REMOVA			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		MEDER
BP		(SPECIFY) CREMATION	7/25/	86 MET	ROPOL	ITAN CREMATOR	ALEXANDRI	A, VIRGIN	VIA STATE
	24 F	UNERAL DIRECTOR RICHA	ממגמ חמג	TNC		250 DA	TE REC'D BY REGISTRARIST	REGISTRAR'S SIGN	LATLIRE
DHMH - 16 60M 7/84		1804 T ST.	N W W	A SHINCTION	D.C		1 0 0 1000 1	ha Davidson	Mandelle
(VRA 15, 4)	1	1004 1 51.	1 T4 - 11 - 1 AA	POUTIAGION	, D.C	. 20009	L ZO REED IN	Charles I was	

STATE OF MARYLAND

Mandan Releasements Released to the Control of Spirits (1935)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Fave Bonnie Frazier July 28, 1986 5. DATE OF BIRTH 3.5EX July 29". 1931 54 Caucasian Female MERCHIPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED X DIVORCED Charles 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION CITY OF TOWN OF DEATH. 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cafateria Mor Board of La Plata Physicians Memorial Hospital Charles Rt-2 Box-2326 Maryland NO X 15. MOTHER'S MAIDEN NAME Alonzo Coble FRS Nellie Lovell 166 SOCIAL SECURITY NO Rtaddless Box-219 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 223-38-5162 Debbie Moose No LaPlata, Md 20646 IL CAUSE OF DEATH (Enter only one cause per line for to the and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse ial stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last SIGNIFUSED CONDITIONS, CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO CONDITION FOR WHICH OFERATIO 20b. IF YES, WERE FINDINGS USED THE WUTCH IN CERTIFYING CAUSES OF DEATH? TIL HOW INJURY OF GURRED TENEST NATURE OF MAJES ANDEW IS PART & CREASE 25 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF BEATH P.M. THE INJURY OCCURRED 21e PLACE OF INJURY THE LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) Al work D All work The contify that (1) (this hospital) attended the deceased fram, any the direased alive an. and that in (my) (aur) apinian death accurred on the date and have and from the causes stated me_tin(=e) (did) (did nat) view the body after death 77k-SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME ITHE CHIMINA 22e ADDRESS La Plata, Md. 20646 Arturo Monteiro, M.D. 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Waldorf, Charles, Md. 8/1/86 Trinity Mem Gardens Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE P.O.Box 156 DHMH - 16 60M 7/84 The Hüntt Funeral Home Walderf.Md 2060 (VRA 15, 4)

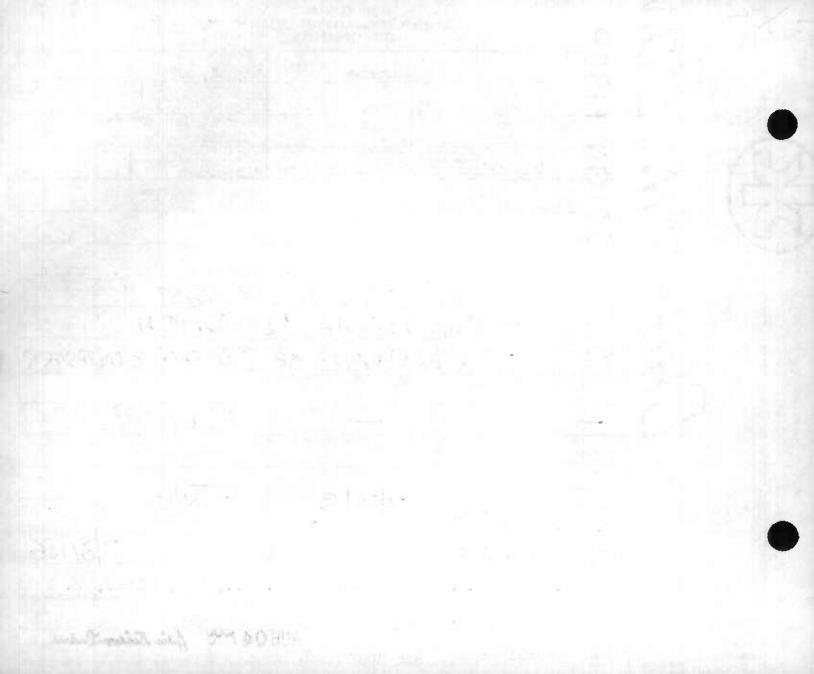
Lance La Colle Ed 1831 Miles Auto To by du an excession AMADI A DESCRIPTION OF THE RESERVE A TRACK A TRACK A (faya.) the state of the state of District Parket Interest on Design of the Control o Late of the Room - Ch. St. - St. Tro Late

1	FOR	DEDAG	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	versus 8 5 2	0290
ı	1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH		
	I. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
١	(TYPE OR PRINT)				12:30 P
	Ben 3. SEX	NMN I4. RACE	Gutrick Is Date Of Birth	July 31, 1986	IF UNDER 1 YEAR IF UNDER 24 HRS
	Marie Company of the	Black	MONTH DAY YEAR	Α	AONTHS DAYS HOURS MIN.
1	Male 70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Dec. 2, 190	A PAITHAODE CITY OF COUNTY	OF DEATH
7	COUNTRY		MARRIED NEVER MARRIED		OFDEATH
	Maryland O CITY OR TOWN OF DEATH	United State	S WIDOWED DIVORCED [Charles	MD.
9		(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
	La Plata	Physicians Memo		Fisherman	Private
-	130. STATE 13b COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TON		13e STREET ADDRESS / ZIP CODE	
2		arles Nanjem		Routel Box 30	/ 20662
S	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	TPAL
0	Robert	Gutr	ick Bir	die	Smith
Ž,	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
	No		-0133 Hazel V.	Gutrick Nanjem	ov. Maryland
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS		vdk - 0000: 007	7000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		SED BY: ATE CAUSE (0)) (1) HESPIRA	OKY ARKES!	
		DUE TO ORAS ACOUSEOU	ENCE OF O LAAA	1401 015117	
	Conditions, if any, which	(1)	ITMONIA, I	DEHY DRATIO N	
	gove rise to immediate couse (a), stating the	DUE TO COAS A CONSTO	TENER DE A	0000-0-	
	underlying couse lost.		ECTIVOMA SA	- ARUSTATE ?	METASTACK
	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	EN IN PART 110
	Z				
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED
-	i i				YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
-	OR CONTRIBUTING CAUSE OF D		DAY YEAR		
	OR CONTRIBUTING CAUSE OF L	21e PLACE OF INJURY	21f LOCATION	CHI OKTOWN	CORPUT STATE
	WHILE OF NO	(AT HOME STREET, F	FARM, ETC. 1	- T- 10:	2004
		pital) otterfled the doggsed from	7 30 86 10	7/3/186	10 that (I) (we) last
	say the deceased alive a	1 20 86 19		an death occurred on the date and hour	and from the causes stated
	72k (GNATURE	net: waw till body after death.	DEGREE		ZZL DATE SIGNED
	Sen 11	DIMA	ATTENDING	DIRECTOR PHYSICIAN	17/3/186
	226. PHYSIC TANKS NAME THE	GEMENT	22e ADDRESS	C Date Com CI PRISITING CI	17/100
	SanJeeb K.	Mishra, M.D.	Charles Pro	f. Ctr., #200, Wal	dorf. Md. 20601
	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR		,
	(SPECIFY)			CITY OR TOWN	Charles Ma
	Burial 24 FUNERAL DIRECTOR	Aug. 4, '86	Mt. Hope Baptis	Tronside	Charles Md
	Thornton Fur	ADDRESS	Domanis are Ma	Ont 1100 Barre	Succession Contract
	TATOLIT COIL FUL	TOTAL HOME	Pomonkey, Md.		

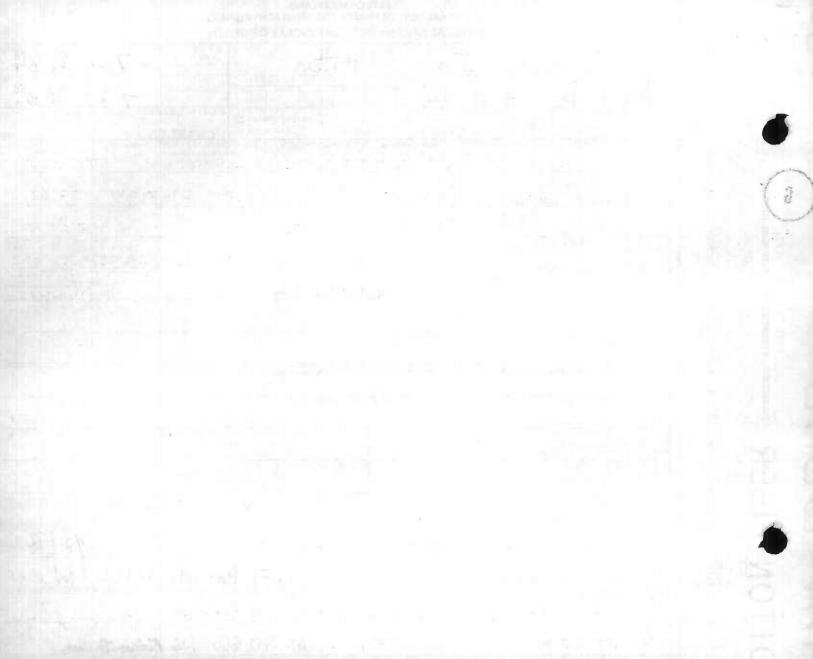
DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 strows or



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED EROME 3. SEX 4. RAC DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) MONTHS PRONOUNCED DEAD A YRS 76. CITIZEN OF BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) UNITED STATES WIDOWED [DIVORCED MARYLAND CHARLES II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY PLATA PHYSICIANS MEMORIAL HOSPITAL STUDENT EDUCATION SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20662 NANJEMOY YES [NO X ROUTE 6 BOX 94F MARYLAND CHARLES 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE LAST BANNISTER STANLEY HATTON GLORIA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ROUTE 6 BOX94F (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATEST GLORIA BANNISTER, NANJEMOY, MD. 20662 219-86-3333 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE DEPARTMENT 8 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY SATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINE EXECUTE THE CERTIFICAL PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE ST BACTIMORE, MARVLAND 22a I certify that I taok charge of the remains described above, held on Autopsy Inspection A ond in my opinion Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL OAK GROVE CHURCH GRAYTON CHARLES Md. BP. 7-30-86 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FUNERAL HOME POMONKEY, Md. THORNTON'S (VR A15 ME (5)) 20M 4/B2



0 0 -	12206	1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6	20	2 .	9 6.
			CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH		YEAR	2b HOUR
	poge 3	1,,,,,	Willi	am I	,ee	Hic	ks	July 5.	1986		2:55p _M
	mo)	3. SE		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	- 10 A	2	Male	White			st 12,1955	30	YRS.		HOURS MIN.
0	leoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	. A .	Y? 8 MARRIE WIDOWE	DINORCED	BALTIMORE CITY Charles	OR COUNTY OF	DEATH	MD.
	by the filled with	11	aPlata	(IF NOT IN SU	CH FACILITY, GIVE STR	EET ADDRESS)	ROTHER INSTITUTION Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Welder			etta Co
BALTIMORE, MARYLAND 2120	24 hour	13a. S	AL RESIDENCE (IF NURSING HOME COLLETTING HOME	R OTHER INSTITUTION		ORE ADMISSION)		13e.STREET ADDRESS	ZIP CODE	2121 Roa	.4 .d
MARYLA	impletet ond 2		ATHER'S NAME VILLET AM Leor	ard H	icks		15. MOTHER'S MAIDEN NA/ Milared	Jean MIDDI	ewis	LAST	
IMORE,	n ond to Poge II	160	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SE 220-6		Rose Marie		ress life ,Sa	ame a	s #13.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	low requires that the state of the state of the please ermit. Then please e prior to burnal, certs, any injury, or ather troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O		OUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CO	NDITION GIVEN I	ERE FINDIN	IGS USED
OF VITAL	CIAN: The physicion strificate half-transit pal-transit paten 18 shave	(C)	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AIN	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES		NO 🗌
NOISION	attending ther this ca as the buring the hond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFIC		21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	OR ATTENDIP Property or ORECTOR: A ched for use of Dept. of Healt Nem 21 is mo		270.1 certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n	2 +	- Ca -19	Ap or	d that in (my) (our) opinion of	death occurred on the		86, to d from the co	
	O HOSPITAL (torned by the O FUNERAL E hould be deto with the State E APORTANT: IF	1	22d PHYSICAN S DOME TO	11, M.D.	HEL	K	ATTENDING PHYSICIAN 2220 ADDRESS LaPlata, Mc	DIRECTOR PHYS	AFF ICIAN []	77	25-86
	D € D # 3 ₹	23a E	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BP	E	remation	7/8/	86 1	Lee Cr	ematory	Clint	on , Ma	ryla	nd
	DHMH - 16 60M 7/84 (VRA 15, 4)		oneral director enart Funera	1 Home	, Inc. DORES	La Pla	ta, Md. 250. DATI	1 1 1986	R 256. REGISTRAR	'S SIGNATI	JRE NO.

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ngeretin . Toom was remarked . Then, marying

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17	92		1-	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HYG	REG. NO	F==		
1 (-	0 2			CEASED NAME FIR	ST .	MIDDLE		AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
- e	death		TYPE	OR PRINT)	hatoon	ВТ	Khan		July 9,	1986		2:39
тоу	. 0		3. SEX		4. RACE		5. DATE O	OF BIRTH	6. AGE IN YEARS LAST BIR	HDAY) IF	UNDER 1 YEAR	IF UNDER 24
ge 4	rs off			Female	20 0	Cau	ITMOM ECTA	, DAT	66	YRS.	ONTHS DAYS	HOURS
0	Po di	67		CHPLACE STATE OR FOREIG	N 7b. CITIZ	ZEN OF WHAT COUNTRY	? B	D NEVER MARRIED	9. BALTIMORE CITY O		F DEATH	
leoth	in 72	no to		India		Pakistan	WIDOWE	DI DIVORCED	Charle	s		
1	S THE	ed C	10. CI	Y OR TOWN OF DEATH		ME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATE		12b. KIND OF INDUSTRY	BUSINESS
1	by t	5		La Plata	Ph	ysicians Me	moria1	. Hospital	Housewi	_		n Hom
)	falled in	St. S	13a S	7	ome or other ins COUNTY harles	134. CITY OR TO	WN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS A	ZIP CODE ber Pl	ace	60
ŧ.	Sh Sh	1	I4 FA	THER'S NAME	MIDDLE	TAST	tem	15. MOTHER'S MAIDEN NA			LAST	
P	puo	Page (Mohammed A				Avesha		Kha		
xecut	Poges 1	medicol		AS DECEASED EVER IN U	.S. ARMED FO		CURITY NO.	17. INFORMANT	ADDRE	SS		
9	S. Pog	the med		10		DATES,		Husband - In	ayat Aleem	Khan -	Same a:	#13
the deoth	he offend emove co emotion, o	er froumot		Canditions, if any, whi gave rise to immedia cause [0], stating t	ich ote	(b) MY ON AS A CONSEC	Paroli	al Jingar	et			
ow requires that the death	en signed by the	ony injury, or ather troumot	CATION	gave rise to immedia cause 101, stating t underlying cause la	ch bite be Dui	(c) My Oc E TO, OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM		20b. IF YES, 1	WERE FINDIN	GS USED
he low requires that the death	has been signed by the permit. Then please rerene prior to buriol, crem	ony injury, or other	TIFICATION	gove rise to immedia couse 101, stating t underlying couse la PART 2 OTHER SIGNIFIC	ch bite be Dui	(c) ON AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	20b. IF YES, 1	WERE FINDING CAUSES (GS USED
KGIAN: The low requires that the death g physician.	cote has been signed by the onsit permit. Then please rer Hygiene prior to buriol, crem	18 show ony injury, or other	CAL CERTIFICATION	gove rise to immedia couse 101, stating t underlying couse la PART 2 OTHER SIGNIFIC	ANT CONDITI	(c) ON AS A CONSEO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO.	20b. IF YES, YES OF CERTIFY!	WERE FINDING CAUSES (GS USED OF DEATH:
NG PHYSICIAN. The low requires that the death ottending physician.	his certificate has been signed by the burial-transit permit. Then please rer I Metrol Hygiene prior to burial, crem	or Item 18 shows ony injury, or ather	MEDICAL CERTIFICATION	gove rise to immedia couse IoI, stating 1 underlying couse Io PART 2 OTHER SIGNIFIC 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE	ANT CONDITI	E TO, OR AS A CONSEO (c) CONDITION FOR WHICH TIME OF INJURY DUR A.M. MONTH	UENCE OF DEATH BUT TH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO.	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES (GS USED DF DEATH
OR ATTENDING PHYSIC e hospitol or ottending	DIRECTOR: After this certificate has been signed by the ched for use as the burial-transit permit. Then please rerepet, of Health and Mental Hygiene prior to burial, crem	Item 21 is morked or Item 18 shows only injury, or other	MEDICAL	gove rise to immedia cause Io1, stating 1 underlying cause Io2 PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE 11F EITHER NOTHY MEDICALEX 21d. INJURY OCCURRED WHILE NOTWINE	ANT CONDITI	ETO, OR AS A CONSEO (c) CONDITION FOR WHICH TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE Indeed the deceased from	UENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19 80 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CHARLES OR CON RED (ENTER NATURE OF INJUI CITY OR TO death occurred on the do	20b. IF YES, IN CERTIFYI YES BY IN ITEM 18 PAR WN gote and hour co	WERE FINDING CAUSES (IT I OR PART 2) COUNTY 2	GS USED DF DEATH NO STA
OR ATTENDING PHYSIC e hospitol or ottending	DIRECTOR: After this certificate has been signed by the ched for use as the burial-transit permit. Then please rerepet, of Health and Mental Hygiene prior to burial, crem	Item 21 is morked or Item 18 shows only injury, or other	MEDICAL	gove rise to immedia cause Io1, stating it underlying cause to underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE LIFETHER NOTHY MEDICAL EXTENSIVE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (this say the deceased of above, (1) (weatland) (1) weatland (1) (weatland)	ANT CONDITI	ETO, OR AS A CONSEO (c) CONDITION FOR WHICH TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE Indeed the deceased from	UENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19 80 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO TO CITY OR TO death occurred on the de	20b. IF YES, IN CERTIFYI YES BY IN ITEM 18 PAR WN gote and hour co	WERE FINDING CAUSES (IT I OR PART 2) COUNTY Dand I com the co	GS USED DF DEATH NO S1A state
OR ATTENDING PHYSIC e hospitol or ottending	DIRECTOR: After this certificate has been signed by the ched for use as the burial-transit permit. Then please rerepet, of Health and Mental Hygiene prior to burial, crem	Item 21 is morked or Item 18 shows only injury, or other	MEDICAL	gove rise to immedia cause Io1 stating 1 underlying cause Io2 cause Io2 PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE IF EITHER NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AL WORK 22a. I certify that (1) (this saw the deceased of obove, (1) (wolded) (1) 22b. SIGNATURE 22d. PHYSICIAN'S NAME Girija R	ANT CONDITION NG 196. NG 216. NG 216. NG 196. NG 196. NG 196. 196. NG 196. 196. (TYPE OR PRINT) ath, M.	TIME OF INJURY OUR A.M. MONTH PLACE OF INJURY HOME STREET, FACTORY, OFFICIA	UENCE OF D DEATH BUT TH OPERATION DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION SIREET 19. SO nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN E 220. ADDRESS Waldorf,	280 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO MEDICAL STAI DIRECTOR PHYSIC Md. 20601	20b. IF YES, IN CERTIFYI YES BY IN ITEM 18 PAR WN gote and hour co	WERE FINDING CAUSES (IT I OR PART 2) COUNTY 2	GS USED DF DEATH' NO STAI and (I) (**e auses state
OR ATTENDING PHYSIC e hospitol or ottending	RECTOR: After this certificate has been signed by the hed for use as the burial-transit permit. Then please rerept of Health and Mental Hygiere prior to burial, crement.	Item 21 is morked or Item 18 shows only injury, or other	WEDICAL WEDICAL	gove rise to immedia cause 101, stating 1 underlying cause 10 PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE 1 FETHER NOTHY MEDICAL EX 21d. INJURY OCCURRED AT WORK AT WORK 22a. I certify that (1) (this sow the deceased of obove, (1) (worldwall) (22b. SIGNATURE	ANT CONDITION NG 196. NG 216. OF DEATH AMINER) 21e (AT THE OR PRINT) ath, M. OVAL 236. D	TIME OF INJURY OUR A.M. MONTH P.A.M. MONTH P.A.C. FACTORY, OFFICE Indeed the deceased from the body after death. D. D. DATE 236	UENCE OF D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION SIREET 19 80 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	280 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO MEDICAL STAI DIRECTOR PHYSIC Md. 20601	20b. IF YES, IN CERTIFYI YES BY IN ITEM 18 PAR WIN THE 18 PAR WIN	WERE FIND IN ING CAUSES (COUNTY COUNTY 220. DATE S July	GS USED DF DEATH: NO STAIL STA

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	1	FOR		DEPARTMENT OF HEALT	MARYLAND	VOTENE O 2	0 2 9 4
	11-	STATE	MI	EDICAL EXAMINER'S		FDEATH	
0-12256	I. DEC	EASED NAME FIRST	1	Right Kin	TAST	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
PY. PLEAS SMECTOR SMUR. FILES NYZ HOUR IN STREET	13	avale RACE	S DATE OF BIRTH		INDER TYR. IF UNDER		MONTH DAY YEAR 24 HOUR
P SEA	Jan 1	THPLACE (STATE OR	76 CITIZEN OF V	VHAT COUNTRYS 18	RIED V NEVER MARRIE	9. BALTIMORE CITY O	R COUNTY OF DEATH
A255	P	ennsylvania	US	WIDO	WED DIVORCE	charles	MD.
PAGE	V	a Plata	(IF NOT IN SUCH I	OSPITAL, NURSING HOME, OR OT FACILITY, GIVE STREET ADDRESS) icians Memori	al Hosp.	126 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) HOMEMAKE	OR INDUSTRY
W	130 S		OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Waldorf		13e STREET ADDRESS 3924 Northga	20601
5 T C S S S S S S S S S S S S S S S S S S	197	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE		LAST
# N	1/	Levi		Duissinger	Florar	ice	Kulp
BATTMORE. S AFTER DEATH GIVE PAGES IT AND PA	16a. V		RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
A SPERS	-	8 CAUSE OF DEATH (Enter o	al. and the state of the	1197-20-3504	Reuben	. King san	ne as #13
ON ST		PARTI DEATH WAS CAUSE	ED BY:	Brain	tunner		BETWEEN ONSET AND DEATH
TO THE PER POND IN THE PER PON		IMMEDIA	ATE CAUSE (o) DUE TO, O	R AS A CONSEQUENCE OF			1/00/
PRESTON THIN 24 IN ITE ALR ALON ANSIT PER AL HYGIE REMOVA		Conditions, if ony, which					
DI W. TED W N PENK AL. TR MENT	1	cause (a) stating the <u>under</u>		R AS A CONSEQUENCE OF			
	NO	PART 2 OTHER SIGNIFICANT CONDITION		H BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PAR	T 1 (c).	A THE STREET
TALRE HOUD: HE M HE M USED A GEAL O	CERTIFICATION	19a DATE OF OPERATION	196. CONE	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RECORDS. S CRITICATE SHOULD BE EXECUTED THE WORD "FENDINGS" PROJECT AT SHOULD BE USED AS A BUILD FOR STONE OF HEALTH AND THE PROPERTY OF HEALTH AND THE PROPERTY OF HEALTH AND THE PROPERTY OF THE SHORT OF THE		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.	M. MONTH DAY YEAR M. 19		O REI MATI NI YAUKMI PO ARUTAM RATMA).	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (ATHOME, 21f. L.CTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
O MEDICAL EXAMINER: T KECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM OF FUNERAL DIRECTOR: P FITER DEATH WITH THE ST ARTIMORE MARYLAND, 3		22e. I certify that I took char death resulted from Not ACTUAL SIGNATURE	ge of the remains durol couses	Accident Suicide	Appsy , Inspection , Homicide , THE (SPECIFY)	Undetermined monner .	DATE 5/8/86
MEDIC ECUTET GE 4 S FUNER TER DEA	A	EXAMINER'S NAME HA	Mahan-	Hoof W	ADDRESS 58#1	Box 1000 Cost	ata M 20146
524544	(5	JRIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	En	tombment UNERAL DIRECTOR	7-12-86			EC'D BY DECISTOAD 1956 DECI	Chas Md.
DHMH - 17		HÜNTT FUNERA	I. HOME	ss P. O. Box 1	30	1 4 1986	Jan don - Vontale
(VR A15 ME (5))		MITHOLITING	LI HOPLE	Waldorf, Md.	20601		

of as most one; I would nice of the

			FOR STATE					AND MENTAL		2 () 2 9	5
00-	12764	1. DE	REGISTRAR CEASED NAME	AFV MAR	Y		ANITA .	ERTIFICATE LAST KLEIN	20 DATE	REG. NO. KNOWN STI- MATED		YEAR 2b. HOUR
	PLEASE RECTOR. R FLES. HOURS STREET,	3.58)	4. RAC	E 5. D/	ATE OF BIRTH	YEAR	LAST BIRTHDAY) MONT	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	ICED	MONTH DAY	86 3 5 A M YEAR 24 HOUR 86 9 A M
-	SSARY SALDE PAUDI HIN 73		RTHPLACE (STATE OR REIGN COUNTRY)	Uhite o		30 S	? 8 MARR	ED ☐ NEVER MAR	DEAD PRIED 1 BALTIM		COUNTY OF DEA	
	SHEET S	M	ARYLAND TY OR TOWN OF DEA			OF A.	WIDOW		CHA		OUNTY,	MD. OF BUSINESS
	SERE POR	L	A PLATA	P	HYSIC	IANS M	EM. HOS	PITAL	SECRETA	KING LIFE)	OR IN	FIRM
21201	E ANY DE SHOULD BE COMMENT OF SHOULD BE COMMENT.	13e. 5	L RESIDENCE (IF IN NU FATE	136 COUNTY CHARLE		13c CITY OR		13d INSIDE CITY LIMITS?		ss HLAND	PLACE 2	20640
MD.	SEATH. IF		THER'S NAME FIRST	MIDI		LAST	EDOV	15 MOTHER'S MAII FIRST ELIZA	M	IDDLE T.	JANS	
BALTIMORE,	AFTER DE ME PAGES I AN AGES I AN ISION OF		RALPH VAS DECEASED EVER ES, NO, OR UNKNOWN)			16b. SOCIAL	ERTY SECURITY NO.	17 INFORMANT		ADDRESS	43 HIGH	HLAND PL
BALL	PAGE		NO 18 CAUSE OF DEAT	H (Enter anly and	couse per line		8-5373	MARION	NIZER, PO	TOMAC	APPRO	OXIMATE INTERVAL
NO ST			PART I DEATH W	AS CAUSED BY:	USE (o)	A50'	VP				BETWEEN	N ONSET AND DEATH
, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOWENDING" IN PENCIL IN ITEM! IF MEDICAL EXAMINER ALONG ED AS A BURAL - TRANSIT PERM! HEATH AND MENTAL HYGIENE, I, CREMATION, OR REMOVAL.		Canditians, if a gave rise to cause (a) stating lying cause last.	immediate the <u>under-</u>	(b)	AS A CONSE						
RECORDS, 201	D BE EXECTIONS WEDICAL AS A BUCREMATH AND CREMATH AND	N C	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a)			
	QQ=955	CERTIFICATION	190. DATE OF OPERA	ATION	196 CONDI	TION FOR WH	ICH OPERATION W	AS PERFORMED?			20 AUT	OPSY?
DIVISION OF VITAL	R. THIS CERTIFICATE SH JRWARDED TO THE CY SRWARDED TO THE CY STATE OF ASTAULD BE ESTATE OF PRIOR TO BUILD DO 21201 PRIOR TO BUILD		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH D	YEAR 19	OW INJURY OCCUR	RED (ENTER NATURE OF INJ	BURY IN ITEM) 8 PAR	T 1 OR PART 2)	
DIVISI	HIS CERT WRITING ARDED AGE 3 SH ATE DEPA	MEDICAL	216 INJURY OCCUR WHILE AT WORK AT W	WHILE		OF INJURY (, TORY, FARM, ETC.)		CATION	CITY OR TO	wN	COUNTY	STATE
•	BE FCONTELLED		220. I certify that death resulted from ACTUAL SIGNATURE	I taak charge of to	TX2	Accident	held an Autap	, Hamicide TITLE (SPECIFY)	Undetermined mo	anner,	DATE SIGNED	ski
	TO MEDICAL EXECUTE PAGE & SHOULD BATTER DEATTING OF THE PAGE OF TH		EXAMINER'S NAME (TYPE OR PRINT)	HIMM	aher. t	boff M	N	ADDRESS 12#	1 Box 1020	capia	(ta) W	20616
	BP EXECT	23a.B	JRIAL, CREMATION, R PECIFY) BURIA		ATÉ /18/86		NITY ME		23d. LOCATION CITY OR TOWN	F. CHA	RLES.	MD.
	DHMH - 17	1	NERAL DIRECTOR		ADDRESS		YAX.	25a. DAT			RAR'S SIGNATURI	
	(VR A15 ME (5)) 20M 4/B2	A	REHART F	UNEKAL	HOME,	INC.,1	A PLATA	, MD .	18 000	Section Ko	inter a To-	1.00

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

- 1	REGISTRAR					REG. NO.						
ı	1 DECEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR				
1	Ronald	I	ugene	Mulli	ns	July 17,1986		7:30 Pm				
ı	3. SEX	4 RACE		E OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.				
1	Male	Caucas	ian j	une 25	1924	62 YRS	WONTHS DAYS	HOURS MIN.				
a	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	RIED X NEVER	MARRIED []	BALTIMORE CITY OR COUNT	Y OF DEATH					
1	Virginia	US			NORCED [Charles	Charles MD.					
J	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOM	E OR OTHER IN	NOITUTION	120 USUAL OCCUPATION		12b. KIND OF BUSINESS OR				
Ğ	La Plata	Physicians		Hospita	1	Inspector	Gov	t				
J	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RE		N)		13e.STREET ADDRESS / ZIP COD						
ä	Maryland Cha	anlee !	Newburg	YES	NO 🗔	Box 261		664				
10	14 FATHER'S NAME		LAST	15 MOTHER	S MAIDEN NAM	E						
	Sidney	MIDDLE	Mullins		Lucy	MIDDLE	Sull					
7	160 WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b. S	OCIAL SECURITY NO). 17 INFORM		ADDRESS	0 42 2					
	(YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	24-26-30	60 Mar	itina E	E. Mullins -	same a	s 13				
	18 CAUSE OF DEATH (Enter of			OF HOT		^	APPROX	MATE INTERVAL ONSET AND DEATH				
1	PART I. DEATH WAS CAUSE	D BY:	andon -	whins	1	ih	35,141,144	J. S. C. L.				
1	IMMEDIA				, ,)							
-1	Conditions, if ony, which	1	CONSEQUENCE OF									
	gave rise to immediate cause (a), stating the	(b)	CONSTRUCTOR	1=20%;	WHAP							
1	underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	¿ Careis	numa /	+ Neh	in	Eith e	plingin mi	Einstern's					
V	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19b. CONDITION	FOR WHICH OPERAT	TION WAS PERF	ORMED		ES, WERE FINDIN					
	Ħ H						YES	NO [
1	210 ACCIDENT WAS UNDERLYING	110110 1 11 1			NJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
	OR CONTRIBUTING CAUSE OF DE	AIH		9								
-	OR CONTRIBUTING CAUSE OF DE CHEETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJ		211 LOCAT	ION	CITY OR TOWN	COUNTY	STATE				
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	TORY, OFFICE, FARM, ETC.)	3146		Cirronio		317416				
	22a.1 certify that (I) (this hasp	ital) attended the dece	osed from	7.13	19 86	, to 7.17	19 96	that (I) (we) last				
	sow the deceased plive or above, (1) (we) (did) (did no	July 17	19 V.L.	, and that in (my	r) (our) opinion de	eath occurred on the date and ha	our and from the	couses stated				
	22b. SIGNATURE	THE BOOK ONE P	icom.	DEGREE			22c. DATE	SIGNED				
	(1)	any	\.	UL	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-1	8-86				
٦	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRE								
	Nirendra Bha	duri M.D		La F	lata,Md	20646						
	23a. BURIAL, CREMATION, REMOVAL		23c NAME O	F CEMETERY OF		23d LOCATION						
	Burial	7-22-	86 Md.	Vetera	ns	Cheltenham	Pr. G	eo Md.				
	24 FUNERAL DIRECTOR		D O B	07 156	25a. DATE	REC'D. BY REGISTRAR 255 REGIS	STRAR'S SIGNAL	HIRE a . arts				
	HUNTT FUNERAL	L HOME	Waldorf	Md.	2060 JUL	21 1988 Julia	Daindow-	bush				
- 1			_ FX LA & LA L L .	B - 4 4 4 A	- W W W							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Hem 21 is morked or Hemril shows any

BB-BI-V

Add one and indicates and in the second of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR Vernon Sylvester Nicholson July 8, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR S DATE OF BIRTH 1911 75 Yrs. 9 BALTIMORE CITY OR COUNTY OF DEATH

Caucasian Male & BIRTHPLACE - I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Virginia USA WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

4 RACE

Charles

12a LISUAL OCCUPATION CITY OF TOWN OF DEATH La Plata Physicians Memorial Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) LaPlata 13d INSIDE CITY LIMITS?

LIYPE OF WORK FOR MOST OF WORKING LIFE U.S.Gov. JOYNET 13. STREET ADDRESS / ZIP CODE 20646

Charles

Wickham

IS MOTHER'S MAIDEN NAME I da Nicholson Mae Joseph John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT

166 SOCIAL SECURITY NO Rt-2 (IF YES GIVE WAR OR DATES) 578-07-965 Nellie H. Nicholson LaPlata, Md

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) IMMEDIATE CAUSE Canditions, if any, which

gave rise to immediate cause (a), stating the underlying cause last.

- STATE

REGISTRAR

Maryland

(YES NO OR UNKNOWN)

DECEASED NAME

APPROXIMATE AND SALE

126 KIND OF BUSINESS OR

Bnx-2220

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

1	Series de la			
	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
			YES TI NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION

COUNTY

22a I certify that (this hospital) attended the deceased from saw the deceased alive on. abave, (1) (did) (did) view the body ofter poth

DEGREE ATTENDING MD PHYSICIAN

and that in (my) (aur) apinion death accurred an the date and have and from the causes stated

CITY OR TOWN

77L DATE SIGNED

James Zimmerly, M.D.

Physicians Memorial Hospital La Plata, Md. 20646

23g. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

7/12/86

23C NAME OF CEMETERY OR CREMATORY Greenwood Baptist

22e ADDRESS

Woodbridge, Pr Wm., Va.

24 FUNERAL DIRECTOR

226. SIGNATO

Huntt Funeral Home

Waldorf, Md 20601

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	REG. N	REG. NO.							
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MALE			4 RACE WHITE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	A HRS	
7		IRTHPLACE (STATE OR FOREIGN COUNTRY) TENN	76 CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O)F DEATH	DEATH MD.			
2	LA	A PLATA	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PHYSICIANS MEMORIAL HOSPITAL			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
5	13a S		VITY 13c. CITY C		YES NO 💢	3043F O		R PLA	Œ 2	2060	
2	14 FATHER'S NAME JAKE BLANE PHIPPS, SR. 15. MOTHER'S MAIDEN NAME JESS JESS JESS NIE MIDDLE MIDLLE MIDLLE								PAYNE		
1	16a V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1E YES GIN KOR	AS #1								
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	BETWEEN	MATE INTERVA	ÊĂŢĦ						
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2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDINGS USED /ING CAUSES OF DEATH?		?	
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STA	TE	
		220 I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE		DEGREE	Dur) Opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED						
/			AMARRISH		WALDORF, MA						
	- 1	BURIAL, CREMATION, REMOVAL BURIAL	7-2-86		TERANS CEM.	CHELTEN	HAM E	P.G.	MARŶÎ	LAND	
		UNERAL DIRECTOR REHART FUNERA	AL HOME, IN	DORESS LA PI		PECO BY REGISTRAR 1986	256. REGISTRA	AR'S SIGNAT	URE	6	

FUNERAL HOME, INC. LA PLATA, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

TO HOSPITAL

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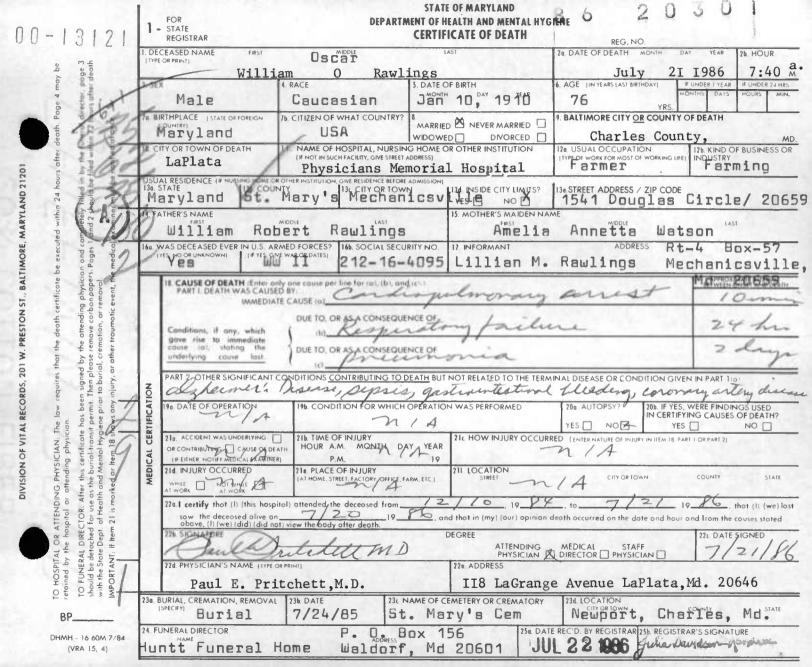
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2205	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		2 EG. NO.	0 3 0) ()	
2200		CEASED NAME FIRST		WIDDLE	LA	si	20. DATE OF DEA	ATH MONT	H DAY YEAR	2b. HOUR	
poge 3		MAURICE	Leon		R/	CEY	A. AGE (IN YEARS)	4.	1986	9:20 a	
B	3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.	
DE -		MALE	WHITE ## 1/24/1926			1/24/1926	60		YRS.		
60 19/	Ja. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH CHARLES				
05		Maryland	U.S.		WIDOWE	DIVORCED #					
11 / 1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
1100		A PLATA	PHYSICIANS MEMORIAL HOSPITAL			Salesm	an	Car			
25	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION NTY Arles	ITY 136. CITY OR TOWN 136. INSIDE CITY LIMITS		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE P.O. Box 2707/20646				
意义はか	-	ATHER'S NAME	WIGGIE	EAST		15. MOTHER'S MAIDEN NA	ME				
400		Arthur F.		cey		Edna	MI	DDLE	Ginn	AST	
0 - 9 T	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	Rt.2	ADDRESS		1	
2 1	,	NO	AE MAK ON GATES!	219-16	-053	Ollie Wol	f Box 2	051	LaPlata	, Md.	
or to burial, creations of y injury, or other traumons	NOIL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O		ENCE OF US		NINAL DISEASE OR		ON GIVEN IN PART 1		
the permitted by the pe	CERTIFICATION	196 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	D IN	YES	S OF DEATH?	
rial-transi ental Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AID	OF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	of injury in it	EM 18 PART (OR PART ?)		
orked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CIT	YORTOWN	COUNTY	STATE	
Use death		22a. I certify that (I) (this hasp				. 19	, ta			that (I) (we) last	
of h		saw the deceased alive at abave, (I) (we) (did) (did no	ot) yew the body	alter death.		d that in (my) (aur) apinian	death accurred an	the date ar			
detached tate Dept		Willed .	lealte	N	1	ATTENDING PHYSICIAN []	MEDICAL DIRECTOR F	STAFF	-	14/86	
shauld be deto with the State I IMPORTANT: #		22d PHYSICIAN'S NAME (TYPE) MICHAEL LI		QD, M. D.			F, MARYLA	ND			
√ 3 <		BURIAL, CREMATION, REMOVAL	23b. DATE	23 c. N	NAME OF CI	METERY OR CREMATORY	23d LOCATIO		COUNTY	STATE	
		Burial	7/7/	1986 Tr	inity	Mem. Gard	s. Wald	orf	Charles	Md.	
- 16 60M 7/84	24 FU	UNERAL DIRECTOR		ACDRESS		22.5			REGISTRAR'S SIGNA	Hand else	
(RA 15, 4)	Ar	ehart Funera	1 Home	Inc. La	Plat	Md. JU	JL 1 1 19	50 Ja	MINISTER FILLER	1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) ESTI-Mitchell DEATH MATED Curtis Sammons 19 86 4 RACE IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 9:12P Nov 11, 59 26 1 1986 Male Cauc. DEAD BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Florida USA Charles County DIVORCED TITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Carpenter **IaPlata** Constructio Physicians Memorial Hospital SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 136_COUNTY | 136. INSIDE CITY LIMITS? | 136. STREET ADDRESS | YES | NO [X] | 27 Gabriel Drive / 20616 Bryans Road Maryland Charles FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sammons Retha Simmons Daniel Allen Mae 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 시에2513 Old Hunt (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-78-3086 Retha D. Morgan Vienna, Va. 22180 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE. CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING SOR 1 19 86 Subject hanged self CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21E LOCATION AT WORK AT WORLE PAGE 4 SHOULD BE FUNCED TO FUNERAL DIRECTOR, PAGE 3
TO FUNERAL DIRECTOR, PAGE 3
AFTER DEATH, WITH THE STATE OF
BARUMORE, MARYLAND, 21201 iail cell Charles Co. Detention Center, LaPlata, Charles, M Autopsy X 220 I certify that I taak charge of the remains described above, held an and in my opinion Suicide X Undetermined manner TITLE (SPECIFY) Assistant 7/2/86 MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Clinton, Pr Geo. Maryland 7-5-86 Resurrection Cem BP 24 FUNERAL DIRECTOR ADDRESS - D. BOX 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 156 **DHMH - 17** Home Md 20601 00 Waldorf. (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENS - STATE REGISTRAR 1. DECEASED NAME TO DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Steven Paul Senior 4 1986 4 RACE 6. AGE (IN YEARS IF UNDER TYR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED B:30A Male DEAD Caucas. Nov 1961 24YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED FOREIGN COUNTRYS Wash. WIDOWED . DIVORCED XX Charles County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUT GOTY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET AGDRESS) LaPlata Physicians Memorial Hospital Carpenter Constructio LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13t. CITY OR TOWN Maryland Charles NO S Plata Box 492 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST FIRST James Senior Elizabeth Joan Rupprecht WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 579-88-6256 James H. Senior No same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Mechanical & Thermal Injuries & smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? OR TO BURIA YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR A.M. MONTH DAY YEAR 3 MAK 7 4 10 86 CONTRIBUTING CAUSE OF DEATH Driver in auto/fixed object impact 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE road Rt. 257 nr. Butler Rd, LaPlata, Charles, MD. PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BARTIMORE, MARYLAND, 2 Autapsy X 22a I certify that I taak charge of the remains described above, held an Inquiry and in my apinian Accident X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/7/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 235. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7-10-86 Mt. Rest Cemetery Plata 07/84 La 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE P. O. Box 156 **DHMH - 17** Felia Davidson Abondate FUNERAL HOME (VR A15 ME (5)) Md. 20807 Waldorf

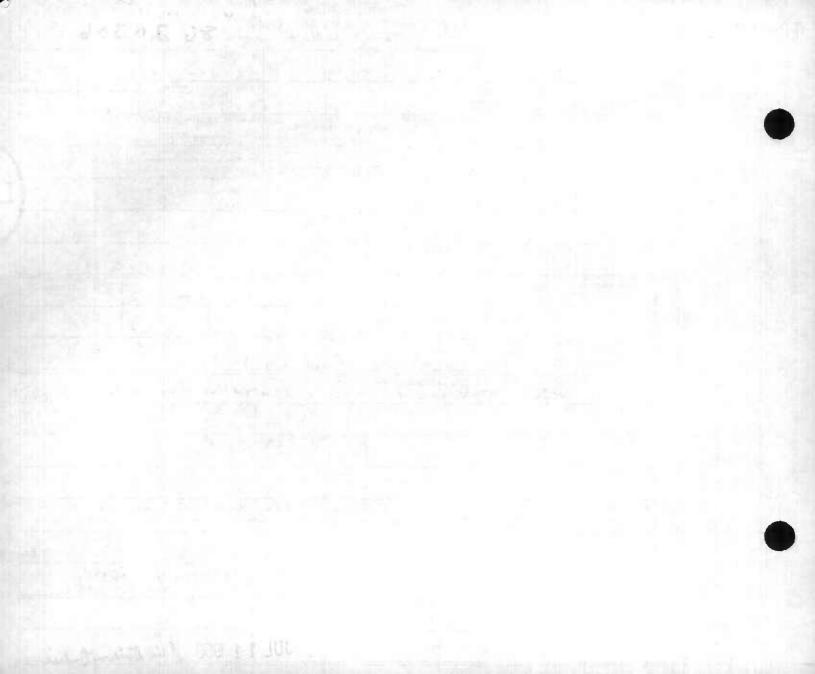
ties also le remembre de la company de la co 2. S.H. Say annual Continues . Hornest Cities - Sit This and the Clark of the Charles of the PROBLEM - DECH LARGED - INC.

		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E 2	0 3 0	ed .
		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEA		NO.	1
00-13494		CEASED NAME FIRST A MIDDLE SEWELL	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	1986 JB M
ESSARY, PLEASE RRAL DIRECTOR. DR. YOUR FILES. THIN HOURS	-	MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	7 II	1998 SPAM
NE ESSAR HI ERAL D	11	ary and USA WIDOWED DIVORCED	9. BALTIMORE CITY	Tes Co). MD.
5/14/200	4	Plata Physician's Memorial Hosp	JAL OCCUPATION (T MOST OF WORKING LIFE)	YPE OF WORK 12b KIN	ND OF BUSINESS INDUSTRY
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FATH #	14. F/	TOON Sewell Matilda	WIDDLE	Wa	de,
MALTIMOR SS AFTER DE S GIVE PAGE WITH FORM DIVISION OF	{Y	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. NO. OBLINIKNOWN) (IF YES, GIVE WAR OR DATES) 16. SOCIAL SECURITY NO. 17. INFORMANT 214-14-3204 Betty Sewe	ell Hugh	8 Box 25 resville,	1 ud. 20637
STON ST. N. Z. H. D. N. Z. H.		18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (b)		AP BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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ISANE.	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR TOWN	COUNTY	STATE
EXAMINER: CERTIFICATI JID BE FOR DIRECTOR: MINT THE: MARYLAND			Inquiry	and in my apınıan ,	
ITHE CEI SHOULD SHOULD ERAL DII ERAL DII SHE, WA		ACTUAL SIGNATURE THE (SPECIFY) M.D. MEDI	ICAL EXAMINER	DATE SIGNED	11/89
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	730.8	EXAMINER'S NAME H M Mahon Hat ADDRESS SR#1 B JRIAL, CREMATION, REMOVAL 1 230. DATE , 1230. NAME OF CEMETERY OF CREMATORY 1230. DATE	OXIUZO	la Plata	M12946
BP	24 FI	Burial 15 July 186 ST. Mary's CATH CH. BR	CATION DRIOWN SYANTON REGISTRAR 256 REG	ON CHA	S MD.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	2	Partelladams aguases Ml 2605 JUL 25	1986~	aurason-No	ndelie.

- 1	2258		1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF HE	OF MARYLA	MENTAL HYG		2 0	3 0	5
	6600			CEASED NAME FIRST		MIDDLE	LA	ST		2a DATE OF DEA		DAY YEAR	2b. HOUR
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	ab ob	th	2	MALE	WHIT		03	11	1909		77 YRS.		
	E 85	4/2		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER A	MARRIED 🕉	9. BALTIMORE C		OFDEATH	
	deo P A	22		RYLAND	U.S.	OF A.	WIDOWE	10	VORCED		Charles		MD.
	by the	200	/	La Plata	(IF NOT IN SU	HOSPITAL, NURSING CHEACHTY, GIVE STREET CIANS Mem	ADDRESS)			12a USUAL OCC (TYPE OF WORK FOR A FARMER	JPATION AOST OF WORKING LIF	12b. KIND OF INDUSTRY FARMI	BUSINESS OR
BALTIMORE, MARYLAND 2120	do in	272	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)	13d. INSIDE C		13e STREET ADDR	ESS / ZIP CODE		
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			(URIAL, CREMATION, REMOVAL				METERY OR (23d LOCATION	WN	COUNTY	STATE
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	(VRA 15, 4))	AF	EHART FUNERA	L HOME	. INC.	LA PL	ATA.M	D. JU	L 1 4 130	1 June 10	enternant-his	the street

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH July 31, 1986 Catherine Zambrycki Mary 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR Female October 24,1940 Caucasian TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles Pennsylvania DIVORCED [WIDOWED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Physicians Memorial Hospital La Plata Education Teacher USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Charles YES | NO X 17 Chippewa Street/20616 Bryansroad 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Maurice Gilligan Louise Mary Sherman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 179-32-358 Barry John Zambrycki No Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. 190 DATE OF OPERATION none NO 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. -- MONTH, DAY OR CONTRIBUTING TE CAUSE DE DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINT 77e ADDRESS should be Paul E. Pritchett, M.D. P. O. Box 1317, La Plata, Md. 20646 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Glimont 08/02/1986St. Charles Cem. Charles 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Davidson gandalle Arehart F. H. Inc. LaPlata, Maryland (VRA 15, 4)

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